



# Taking Your Compliance Program to the Next Level

DATE: February 8, 2019

PRESENTED BY:  
Shannon Kennedy, Clinical Enterprise Integrity Officer  
Chelsea Treharne, Assistant Integrity Officer

## Introduction to OHSU

OHSU is the state's only public academic health and research university. As one of Oregon's largest employers with more than 16,000 employees, OHSU's size contributes to its ability to provide many services and community support not found anywhere else in the state. OHSU serves patients from every corner of Oregon and is a conduit for learning for more than 3,400 students. OHSU is the source of more than 200 community outreach programs that bring health and education services to each county in the state. <https://www.ohsu.edu/about>

## The Clinical Enterprise Integrity Department

We closely partner with Legal, Human Resources, Patient Relations, Audit & Advisory Services, Risk, Information Privacy & Security and the Office of the Chief Integrity Officer to ensure clinical operations has the expertise and assistance needed to address all compliance matters.



## Presentation Purpose

An effective compliance program commonly has gaps with “monitoring and auditing” activity. Some of this is due to resources constraints. But another contributing factor is organizational culture and challenges that compliance and auditing professionals face with engaging stakeholders. We hope this presentation provides practical guidance for engaging stakeholders and shaping the auditing and monitoring culture. We will share strategies and tools we have created that have taken our compliance program to the next level.

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## Agenda

1. Monitoring and Auditing Defined
2. Engaging Stakeholders
3. Auditing Engagement Tools
4. Creating the Work Plan
5. Question and Answer

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## OIG - Monitoring

- **The OIG believes** that an effective program should incorporate thorough “**monitoring**” of its implementation and regular reporting to senior hospital or corporate officers.
- **Monitoring** techniques may include sampling protocols that permit the compliance officer to identify and review variations from an established baseline. Significant variations from the baseline should trigger a reasonable inquiry to determine the cause of the deviation.  
<https://oig.hhs.gov/authorities/docs/cpghosp.pdf>

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## OIG - Auditing

- The term “**audit**” is used by the OIG to describe not only work done to examine financial operations, but also encompasses work to:
  - review compliance with applicable laws and regulations,
  - evaluate economy and efficiency of operations, and
  - evaluate effectiveness in achieving program results.
- An audit is a look at the past performance of an entity, program or function to determine whether funds were properly administered and whether the projects have met or fallen short of program intent and expectations.  
<https://www.oig.dol.gov/auditprocess.htm>

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## CMS - Monitoring

Monitoring is an ongoing **daily** event which includes conducting analyses and tracking trends to correct issues in real time at the lowest level of detection.

- As is explained in Chapters 9 and 21, monitoring reviews occur regularly during **normal operations**.
- The **staff in the department** being monitored often perform the monitoring activities.
- Monitoring occurs on a **regular basis**, e.g. daily, weekly, monthly, semi-monthly, bi-monthly, etc.
- Monitoring is, for example, a check to see if procedures are working as intended.
  - For example, staff might perform a check once a month or once every three months to make sure that the process for distribution of memos is being followed and is working such that all persons who should receive a particular memo is receiving it.

<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/Element-VI-Monitoring-and-Auditing-Q-A.pdf>



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## CMS - Auditing

Auditing is a formal **retrospective** review with a **methodical** approach and sampling of cases. It is performed periodically, though less often than monitoring – e.g. every 6 months or annually.

- Those performing audits must be **independent of**, and not employed in the department being audited.
- An audit is a more **comprehensive** review than is monitoring.
- Auditors review compliance against a set of **standards**, such as compliance with statutes and regulations or compliance with the sponsor's internal requirements, used as base measures.



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## CMS – Auditing cont'd

- Both monitoring and auditing activities should involve asking probing questions to the root cause of why issues are happening and further development to correct the issues at hand.
  - For example, the sponsor might audit its sales department to confirm compliance with all of CMS' agent/broker requirements. Auditors would pull a number of sample cases and review them to determine if they meet CMS sales and marketing requirements.
   
<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/Element-VI-Monitoring-and-Auditing-Q-A.pdf>

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## HCCA & AHIA

The workgroup defined the difference as:

- Monitoring is a process involving ongoing “checking” and “measuring” to ensure quality control. The process of monitoring is generally less structured than auditing and is typically performed by departmental staff. Monitoring involves daily, weekly, or other periodic spot checks to verify that essential functions are being adequately performed and that processes are working effectively. The process of monitoring can indicate the need for amore detailed audit.

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## HCCA & AHIA cont'd

- Auditing is a more systematic and structured approach to analyzing a control process. It is a formal review (performed by an individual(s) independent of the department) that usually includes planning, identifying risk areas, assessing internal controls, sampling of data, testing of processes, validating information, and formally communicating recommendations and corrective action measures to both management and the Board.

<https://ahia.org/assets/Uploads/pdfUpload/WhitePapers/Article1Framework.pdf>

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**"We're going to parachute in and do a surprise audit,  
but I want to keep the whole thing low key."**

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## Engaging Stakeholders



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## Emotional Intelligence

Emotional intelligence (EI) or emotional quotient (EQ) is the capacity of individuals to recognize their own, and other people's emotions, to discriminate between different feelings and label them appropriately, and to use emotional information to guide thinking and behavior.

[https://en.wikipedia.org/wiki/Emotional\\_intelligence](https://en.wikipedia.org/wiki/Emotional_intelligence)

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## When asked to describe an auditor's personality (by others)....

- **Pushover:** liked by all; respected by few.
- **Arrogant:** knows everything, asks few questions; thinks they have a good relationship with clients, when in actuality clients hate to see him coming.
- **Apprehensive:** very smart, however, has yet to develop the confidence needed to effectively communicate with clients.
- **Bombastic:** uses a lot of words and emphasis for a finding that means nothing (see Arrogant above regarding client perception).

<https://thatauditguy.com/what-is-your-auditor-personality-type/>

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## Understand your risk tendency

- When you are asked a question that feels “gray” is your instinct to say “no”?
- Do you ask about “how often this happens” or do you worry about rarely-occurring issues?
- Do you believe that any risk should be completely mitigated?
- Do you immediately feel fearful when a potential problem surfaces?
- Do you suffer from “Chicken Little Syndrome”?
- Do you suffer from “Ostrich Syndrome”?

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## Do your best to facilitate a “yes”...

- Instead of reacting with “we cannot do that” challenge yourself to ask if there is a possibility. Be curious!!! Think outside the box!!!
- Just because we’ve always done it that way doesn’t mean we should continue.
- Don’t BS your stakeholder or start using complicated jargon to support your position (see bombastic).
- Research the regulations, not the blogs.
- An effort to research, even if the answer ends up being “no”, goes a long way.

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## How to say “no” effectively

- Assume good intent.
- If you aren’t sure, say you will get back to them.
- Use empathy, for example, “I know how much this means to the clinic but ....”
- Use citation from regulations and guidance and provide hyperlinks for the customer who likes to do their own research.
- When possible, deliver your answer in person or by telephone and follow-up with an email.

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## The Business Decision...Legal is your friend!

- Sometimes the answer is not yes or no.
- Sometimes the issue has no regulatory relevance...
- Sometimes the decision that needs to be made requires escalation and some assistance from your Legal department.
- In these instances we can best serve our stakeholder by providing a fact-based spectrum of risks.
- When you are asked to make a recommendation, enlist the help of your Legal department.
- Document the business decision and all analysis to demonstrate due diligence (especially when decisions take some time).

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## Auditing Engagement Tools



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## Marketing Your Services

- Sell the compliance and audit function to your organization as if you were a consulting agency.
- Create marketing materials that showcase your expertise and staff.
- Schedule face time with key leadership groups and individual stakeholders to advertise.
- Bring your “menu of services” to your meetings so that stakeholders have options to choose from.



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## The Brochure

Create a department brochure that advertises the services you offer and your staff.

### Meet the Team



**Chelsea Trahan**  
Assistant Integrity Officer

Chelsea attended Pacific University and obtained her master's in Healthcare Administration with a certificate in Healthcare Compliance. Chelsea holds a certification in healthcare compliance (CHC). Prior to joining OHSU, Chelsea was the Corporate Compliance Officer for Multnomah Medical Center. Prior to that she spent five years working for Regence Blue Cross Blue Shield's claims division. Chelsea has chaired the OHSU Compliance Advisory Committee from 2010-2014 and is involved in the regional chapter of NCCA. Chelsea's knowledge of healthcare administration coupled with her years of experience offers OHSU a strong generalist compliance perspective.

Chelsea can be reached at 503-494-4722 or at: [trahan@ohsu.edu](mailto:trahan@ohsu.edu)



**Katie Richards**  
Assistant Integrity Officer

Katie Richards, BBA, RN, CCM, LACC, is a graduate of the OHSU School of Nursing and has experience in cardiac, nursing, utilization review, nurse case management, quality management and legal nurse consulting. She also has her paralegal degree. Katie works as an Assistant Integrity Officer in the area of hospital compliance.

Katie can be reached at 503-494-6133 or at: [richards@ohsu.edu](mailto:richards@ohsu.edu)



**Whitney Clark**  
Integrity Analyst

Whitney Clark has been with OHSU since 2014. Whitney is a graduate of Portland State University with a Bachelor of Science in Public Health Education. Whitney assists with third-party audits, excluded and deferred entering and compliance education.

Whitney can be reached at 503-494-2135 or at: [clarkwh@ohsu.edu](mailto:clarkwh@ohsu.edu)



**Erik Rye**  
Sr. Integrity Analyst

Erik Rye is an alumnus of UGA. Prior to joining OHSU in 2005, Erik was a Program Coordinator at UCLA Medical Center, then at University of Washington Medical Center. Erik previously worked in the OHSU sponsored Project Administration Office, and OHSU Quality Management Department. Erik is the recovery audit coordinator, using data to help evaluate compliance controls for effective management of healthcare billing and regulatory compliance.

Erik can be reached at 503-494-4846 or at: [rye@ohsu.edu](mailto:rye@ohsu.edu)

**Lisa Borok**  
Sr. Integrity Analyst

Lisa Borok has been in Clinical Enterprise Integrity for 11 years working primarily on external audits. She recently began supporting the department's data and reporting needs as well as coordinating ad-hoc projects. Prior to coming to OHSU Lisa was at the Portland Art Museum coordinating traveling exhibitions. Her education is in the arts, she has a Master of Arts Management, U of O and a BA in Integrated Art, Wellesley University.

Lisa can be reached at 503-494-5860 or at: [borok@ohsu.edu](mailto:borok@ohsu.edu)

**Heather Nickerson**  
Assistant Integrity Officer

Heather holds the following certifications: CPC, CPMA, CMMC, NCCA, and has 15+ years of healthcare experience in professional coding and compliance. Before joining OHSU, Heather was in professional coding and compliance management for Aetna Health.

Heather can be reached at 503-494-4887 or at: [nickerson@ohsu.edu](mailto:nickerson@ohsu.edu)



**Linda Bishop**  
Assistant Integrity Officer

Linda has over twenty years of experience in both physician and hospital compliance. At OHSU, Linda specializes in hospital compliance issues with an emphasis on facility coding.

Linda can be reached at 503-494-0249 or at: [lbishop@ohsu.edu](mailto:lbishop@ohsu.edu)

### Clinical Enterprise Integrity Department



**Cultivating Integrity**

Education, prevention, detection & correction




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## The Menu of Services

When meeting with stakeholders, provide them with a detailed list of services they can choose from.

CLINICAL ENTERPRISE INTEGRITY



### DEPARTMENT AUDIT – MENU OF SERVICES

**DEPARTMENT NAME**

Dept. Name: \_\_\_\_\_ Audit date(s): \_\_\_\_\_  
 Dept. Contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

**TAKENHOLDERS INCLUDED IN AUDIT (list names and contact information for all stakeholders on back)**

☐ Reverse Cycle (coders, educators, leadership) ☐ Department Stakeholders  
☐ Clinical Documentation Improvement ☐ Other

**PROFESSIONAL FEE**

☐ Documentation/Chart Review

- ☐ EMM Level of Service
- ☐ Templates & Dot Phrases
- ☐ Critical Care
- ☐ Preventive Services
- ☐ Prolonged Services
- ☐ Chronic Care Management
- ☐ Transitional Care Management
- ☐ Modifiers \_\_\_\_\_
- ☐ Global Billing
- ☐ Pre-Op Visits
- ☐ Infusion
- ☐ IV Hydration

- ☐ Observation Services
- ☐ Telemedicine/Virtual Visits
- ☐ ICD-10
- ☐ Psychology and/or Psychiatry
- ☐ Shared Visits
- ☐ Incident-to Services
- ☐ Teaching Physician Guidelines
- ☐ Medical Students (non-GME)
- ☐ Billing Fellows
- ☐ Simulation
- ☐ Other

**HOSPITAL FEE**

☐ Documentation/Chart Review

- ☐ Outpatient Facility Charges
- ☐ Templates & Dot Phrases
- ☐ DRG
- ☐ Medical Necessity
- ☐ Observation Services
- ☐ Modifiers \_\_\_\_\_

- ☐ ICD-10
- ☐ Orders
- ☐ Infusion Services
- ☐ Other

**PROCEDURES & SERVICES**



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## Tools the Government Provides - OIG

U.S. Department of Health and Human Services  
**Office of Inspector General**

[Search](#) [Report Fraud](#)

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- [Medicare Payments for Clinical Diagnostic](#)

**Work Plan**

[Recently Added](#) | [Active Work Plan Items](#) | [Work Plan Archive](#)

**Recently Added Items**

Announced	Agency	Title	Component	Report Number(s)
January 2019	Centers for Medicare & Medicaid Services	<a href="#">Medicare Payments for Clinical Diagnostic Laboratory Tests in 2018: Year 1 of New Payment Rates</a>	Office of Evaluation and Inspections	OEI-09-18-00100

<https://oig.hhs.gov/reports-and-publications/workplan/index.asp>



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## Tools the Government Provides - RAC

Home > Research, Statistics, Data and Systems > Medicare Fee-for-Service Compliance Programs > Medicare Fee for Service Recovery Audit Program > Approved RAC Topics

**Medicare Fee for Service Recovery Audit Program**

Approved RAC Topics

[Proposed RAC Topics](#)

[Resources](#)

### Approved RAC Topics

Do you have questions or concerns about the Recovery Audit Program? Please e-mail us at [RAC@cms.hhs.gov](mailto:RAC@cms.hhs.gov). Please Do Not send Personal Health Information to this e-mail address.

Show entries: 10 ▾

Filter On:

Issue Number - Name ▾	Review Type ▾	Claim Type ▾	Region and State ▾	Date Approved ▾
0001 - Inpatient Hospital MS - DRG Coding Validation	Complex	Inpatient Hospital	RAC 1-4 All States	2017-02-01

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Approved-RAC-Topics.html>

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## Tools the Government Provides - CMS

MLN Homepage | Publications & Multimedia ▾ | News & Updates ▾ | Events & Training ▾ | Continuing Education Credits | Provider Compliance

### Search for Articles

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<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Index.html>

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## Other tools



### *Report on* \_\_\_\_\_ **MEDICARE COMPLIANCE**

Volume 28, Number 1 • January 14, 2019

Weekly News and Compliance Strategies on Federal Regulations,  
Enforcement Actions and Audits

<https://www.hcca-info.org/>



January 21, 2019 | Vol. 33, Issue 3

<https://pbn.decisionhealth.com/>



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## Creating the Work Plan



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## Identifying Risks

- When you roadshow with your brochure and menu of services, your stakeholders will invite you to one-on-one meetings. These conversations generate endless leads for audit ideas.
- Ask for volunteers! Let folks know you are building your work plan and seeking departments that have auditing needs.
- Analyze the government tools to see what “touches” your organization.
- You will be left with a list of multiple risks – feels like an “enterprise risk management” process without the strategy element.

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## Risk Inventory

Develop an inventory tool that can be used to prioritize risk.

#	Identified Risk (Concern Raised)	Detailed Description	Risk Score	Comments/Notes
7	Regulatory Compliance - Two MN/OBS	Short day stays, Observation, Two-Midnight compliance	18	
8	Denial Management	Lack of a centralized process for tracking all claim denials and claims under pre or post audit	18	
9	Leadership Gaps	The Quality Director resigned	17	
10	Policies & Procedures	Lack of process/system. Outpatient and Inpatient policies are kept separately and lack standardization. Disorganization makes it difficult for employees and providers to access policies required for patient care. Policy deficiencies are commonly found by regulators and accrediting agencies.	17	

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## Create Your Work Plan - Intro

Work plan intro – disclaim reactive vs. proactive

### FY18 - FY19 CLINICAL ENTERPRISE INTEGRITY WORK PLAN

**Overview:** The Clinical Enterprise Integrity department is devoted to helping OHSU comply with the myriad of regulations imposed by federal and state regulatory agencies. Although the majority of Clinical Enterprise Integrity focuses on documentation, billing and coding regulations, the department works collaboratively with multidisciplinary stakeholders to ensure compliance with several other healthcare compliance initiatives. The department has nine (10) full-time employees, including, the Clinical Enterprise Integrity Officer, four (5) Assistant Integrity Officers, one (1) Integrity Auditor and three (3) Integrity Analysts.

**Table Descriptions:**

- **Table 1** provides an overview of ongoing compliance processes for which the Clinical Enterprise Integrity department has lead responsibility.
- **Table 2** provides a summary of projects and audits we expect to begin or continue.

**Reactive vs. Proactive:**

Note that approximately 40% of the work we do is inquiry-based (reactive) as we have customers throughout the organization that request daily consultation and investigations not related to any particular project. We recognize that there are opportunities for efficiency and have identified projects to streamline daily work. Projects identified with an asterisk indicate a process improvement effort. |

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## Create Your Work Plan - Processes

**Table 1. Ongoing Processes**

Process	Description			
Committees & Work Groups	Clinical Integrity staffs and leads several compliance-specific councils and committees that meet in various frequencies to address specific compliance initiatives and oversee compliance policies. See below for details.			
	Name	Purpose	Meeting Frequency	Chair
	Clinical Integrity Committee	Multidisciplinary oversight group that advises and assists the department	Bimonthly	
	Regulatory Audit Work Group	Monitors payor audit activity including the Recovery Audit Contractors (RACs), LIVANTA Probe Billing Audits, Managed Medicare – attendees report out audit activity in their respective departments (i.e.: Pharmacy, Revenue Cycle, partner hospitals)	Bimonthly	
	Coder Collaborative Work Group	Provides education and regulatory updates to coders throughout OHSU	Monthly	
Process	Description			Process Owner
Documentation, Coding and Billing Compliance Advisory Services	Assist with billing and medical record documentation rules and issues. The majority of this work is ad-hoc based on daily inquiries from our internal customers.			
Annual Rulemaking and Regulatory Review	Review the Outpatient Prospective Payments, Inpatient Prospective Payments and Physician Fee Schedules proposed and final rules published annually by CMS. Participate in rulemaking commentary process, as applicable, in collaboration with government relations and the relevant stakeholder-leaders.			
Exclusion Screening	Collaborate with the Export Control Officer to ensure employees, providers, vendors, volunteers and students are screened against federal and state exclusion databases.			

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## Create Your Work Plan – Projects & Audits

Table 2. Planned Projects & Audits

Project Name	Project Description	Approximate Timeline
GIP Hospice Compliance	Monitor the General Inpatient (GIP) hospice partnerships with external hospice agencies.	FY18 Q3
Research Compliance	Collaborative effort to improve clinical research billing processes.	FY18 Q3 & Q4
Data Analytics*	Develop internal data analysis tools utilizing current vendor products provided by the Epic and outside vendor products to monitor compliance activity and identify areas of potential risk.	ongoing
Compliance Resource Library*	Develop a resource library on our intranet site that houses compliance "position" guidance for frequently asked compliance questions.	ongoing
Escalation Planning*	Develop escalation plans with departments who frequently escalate issues to the Clinical Enterprise Integrity department.	ongoing
Supply Chain/Vendor Compliance	Medicare Part C & D payor attestations that ensure all vendors that contribute to the care of Managed Medicare patients comply with First Tier, Downstream and Related Entity (FDR) compliance requirements.	FY18 Q3 & Q4
Copy/Paste/Hover for Attribution	Work with the Informatics Directors and HIM leadership to develop acceptable guidance that endorses the appropriate conveniences of copy/paste functionality in the electronic health record while also identifying and coaching on at-risk practices. We will work with Informatics and ITG to develop reporting tools that will allow us to understand the magnitude of the use of copy/paste functionality. We will use the "hover for attribution" features in Epic to audit the originating source for documentation and monitor copy/paste activity while conducting audits.	FY18 Q3 & Q4
EMTALA & Transfer Center	Provide ongoing monitoring and auditing for EMTALA compliance. Assist the Providers on Duty for the transfer center with complicated cases that may require compliance intervention.	ongoing
Hospital Surge/Overflow Planning	Work with hospital leadership to ensure compliance surge and overflow planning. Review billing practices to ensure compliance with room and board charges for overflow scenarios; including, virtual beds and inpatient services provided in temporary space due to emergency overflow.	FY18 Q4 & FY19 Q1
Billing and Coding Audits	Over the next 12-18 months, we will audit the following departments: Surgery, Medicine, Ortho, ENT and APOM. We will use our collaborative tools to scope these audits with the Program Directors and Department Chairs. We will collaborate with all education stakeholders (i.e.: Hospital PBS, CDI, UMG) to ensure the education that coders and providers receive is consistent.	ongoing



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## Work Plan Final Steps

- Once your work plan is drafted you should have it "approved" by your compliance committee.
- Your newly-developed work plan is a living and breathing document that can be updated regularly to inform stakeholders about project/audit status.
- Your work plan should be shared with your staff regularly so they can add/modify projects and audits.

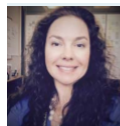


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## Questions?

## About your presenters



**Shannon Kennedy**  
Clinical Enterprise  
Integrity Officer

Shannon is a graduate of the University of Oregon and Portland State University Hatfield School of Public Administration. Before joining OHSU in 2017, Shannon was the Chief Compliance and Chief Privacy Officer for Legacy Health. Shannon has over 20 years of healthcare experience in compliance, human resources and healthcare administration. Shannon is a Certified Healthcare Compliance (CHC) professional and also holds a Certification in Healthcare Improvement from the Institute for Healthcare Improvement.

Shannon leads the Clinical Integrity Department at OHSU and is a compliance generalist.



**Chelsea Treharne**  
Assistant Integrity Officer

Chelsea attended Pacific University and obtained her masters in Healthcare Administration with a certificate in healthcare compliance. Chelsea holds a certification in healthcare compliance (CHC). Prior to joining OHSU, Chelsea was the Corporate Compliance Officer for Mid-Columbia Medical Center. Prior to that she spent five years working for Regence Blue Cross Blue Shield's claims division. Chelsea has chaired the OAHHS Compliance Advisory Committee from 2016-2018 and is involved in the regional chapter of HCCA. Chelsea's knowledge of healthcare administration coupled with her years of experience offers OHSU a strong generalist compliance perspective.

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